ASSOCIATION OF MEDICAL SUPERINTENDENTS
OF AMERICAN INSTITUTIONS
FOR THE INSANE.

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PROPOSITIONS AND RESOLUTIONS

OF THE

ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

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PUBLISHED BY ORDER OF THE ASSOCIATION.

PHILADELPHIA:
1876.

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At a meeting of the Association of Medical Superintendents of American Institutions for the Insane, held in Philadelphia, June 16, 1876, it was

Resolved, That a Committee be appointed, who, after briefly stating the origin and objects of the Association, shall collect its utterances of opinion, and have them printed in pamphlet form for the use of its members and others.

The Chair appointed Dr. Kirkbride, of Pennsylvania, and Dr. Callender, of Tennessee, as the Committee, to which, on motion of Dr. Kirkbride, Dr. Nichols, of the District of Columbia, and President of the Association, was added.

From the minutes.

JOHN CURWEN,
Secretary.

24952

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PREFACE.

The "Association of Medical Superintendents of American Institutions for the Insane," was established, and held its first meeting, in the City of Philadelphia in October, 1844. It is composed of the chief medical officers of all the regularly organized institutions for the insane on the American continent, and holds meetings annually, in some city, in or near which, is at least, one hospital for the insane, and which the members visit and examine at some time during their sessions.

The prominent objects of the Association, are by a comparison of views, and a careful study of what has already been done for the insane, to secure, for the future, a higher standard for hospitals, and a more liberal and enlightened treatment for all classes who are suffering from mental disorders.

At the meetings of the Association nearly every subject connected with the care and treatment of the insane has been fully discussed, and many propositions and resolutions adopted, almost without exception, with such a remarkable degree of unanimity that justifies their being considered the well-matured views of those who have the immediate care of the institutions for the insane on this continent.

Believing that these utterances of opinion, based as they are on the most varied and enlarged experience, may be valuable to others than its members, the Association, at its meeting held in Philadelphia, in June, 1876,—as stated on

the previous page—appointed a committee to collect the same, and to have them printed for the use of those who are interested in securing the best provision for, and the most enlightened treatment of the insane. It is believed, that, in no other way can these results be attained, with an equal degree of certainty, or the crude theories, and the visionary suggestions, which are frequently met with, be so effectually answered as by the general diffusion of a knowledge of these propositions and resolutions, which may be regarded, as the well established results of very varied, extensive, and long-continued practical observation in nearly every section of the country, and among all classes of patients.

PROPOSITIONS AND RESOLUTIONS.

TITLE OF THE ASSOCIATION.

At the first meeting, held in Philadelphia, October, 1844, it was

Resolved, That the title of this body shall be "THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE."

CONSTITUTION OF THE ASSOCIATION.

At the same meeting the following resolutions were adopted, viz.:—

Resolved, 1. That the medical superintendents of the various incorporated or other legally constituted institutions for the insane now existing on this continent, or which may be commenced prior to the next meeting, and all those who have heretofore been medical superintendents and members of this Association, or who may be hereafter appointed to those stations, be and they hereby are constituted members of the Association.

Resolved, 2. That in future every regularly constituted institution for the insane on this continent may have a representative in this Association, that as heretofore, this shall be the medical superintendent where such officer exists; but in those institutions where there is a different organization, it may be either of the regular medical officers who may find it most convenient to attend.

ON THE CONSTRUCTION OF HOSPITALS FOR THE INSANE.

At the meeting held in Philadelphia, May, 1851, the following propositions in regard to the construction of hospitals for the insane, were adopted, viz.:—

1. Every hospital for the insane should be in the country, not within less than two miles of a large town, and easily accessible at all seasons.

2. No hospital for the insane, however limited its capacity, should have less than fifty acres of land, devoted to gardens and pleasure grounds for its patients. At least one hundred acres should be possessed by every State hospital, or other institution, for two hundred patients, to which number these propositions apply, unless otherwise mentioned.

3. Means should be provided to raise ten thousand gallons of water, daily, to reservoirs that will supply the highest parts of the building.

4. No hospital for the insane should be built, without the plan having been first submitted to some physician or physicians who have had charge of a similar establishment, or are practically acquainted with all the details of their arrangements, and received his or their full approbation.

5. The highest number that can with propriety be treated in one building is two hundred and fifty, while two hundred is a preferable maximum.

6. All such buildings should be constructed of stone or brick, have slate or metallic roofs, and as far as possible, be made secure from accidents by fire.

7. Every hospital, having provision for two hundred or more patients, should have in it at least eight distinct wards for each sex—making sixteen classes in the entire establishment.

8. Each ward should have in it a parlor, a corridor, single lodging rooms for patients, an associated dormitory communicating with a chamber for two attendants, a clothes room, a bath room, a water closet, a dining room, a dumb waiter, and a speaking tube, leading to the kitchen or other central part of the building.

9. No apartments should ever be provided for the confinement of patients, or as their lodging rooms, that are not entirely above ground.

10. No class of rooms should ever be constructed without some kind of window in each, communicating directly with the external atmosphere.

11. No chamber for the use of a single patient should ever be less than eight by ten feet, nor should the ceiling of any story occupied by patients be less than twelve feet in height.

12. The floors of patients' apartments should always be of wood.

13. The stairways should always be of iron, stone, or other indestructible material, ample in size and number, and easy of access, to afford convenient egress in case of accident from fire.

14. A large hospital should consist of a main central building with wings.

15. The main central building should contain the offices, receiving rooms for company, and apartments, entirely private, for the superintending physician and family, in case that officer resides in the hospital building.

16. The wings should be so arranged that if rooms are placed on both sides of a corridor, the corridors should be furnished at both ends with movable glazed sashes for the free admission of both light and air.

17. The lighting should be by gas, on account of its convenience, cleanliness, safety, and economy.

18. The apartments for washing clothing, etc., should be detached from the hospital building.

19. The draining should be under ground, and all the inlets to the sewers should be properly secured to prevent offensive emanations.

20. All hospitals should be warmed by passing an abundance of pure fresh air from the external atmosphere, over pipes or plates containing steam under low pressure, or hot water, the temperature of which does not exceed 212° F., and placed in the basement or cellar of the building to be heated.

21. A complete system of forced ventilation, in connection with the heating, is indispensable to give purity to the air of a hospital for the insane, and no expense that is required to effect this object thoroughly, can be deemed either misplaced or injudicious.

22. The boilers for generating steam for warming the building should be in a detached structure, connected with which, may be the engine for pumping water, driving the washing apparatus and other machinery.

23. All water closets should, as far as possible, be made of indestructible materials, be simple in their arrangements, and have a strong downward ventilation connected with them.

24. The floors of bath rooms, water closets, and basement stories, should, as far as possible, be made of materials that will not absorb moisture.

25. The wards for the most excited class should be constructed with rooms on but one side of a corridor not less

than ten feet wide, the external windows of which should be large, and have pleasant views from them.

26. Whenever practicable, the pleasure grounds of a hospital for the insane should be surrounded by a substantial wall, so placed as not to be unpleasantly visible from the building.

ON THE ORGANIZATION OF HOSPITALS FOR THE INSANE.

At the meeting held in Baltimore, May, 1853, the following propositions in regard to the organization of hospitals for the insane, were adopted, viz. :—

1. The general controlling power should be vested in a board of trustees or managers; if of a State institution, selected in such a manner as will be likely, most effectually, to protect it from all influences connected with political measures or political changes; if of a private corporation, by those properly authorized to vote.

2. The board of trustees should not exceed twelve in number, and be composed of individuals possessing the public confidence, distinguished for liberality, intelligence, and active benevolence, above all political influence, and able and willing faithfully to attend to the duties of their station. Their tenure of office should be so arranged, that where changes are deemed desirable, the terms of not more than one-third of the whole number should expire in one year.

3. The board of trustees should appoint the physician, and on his nomination, and not otherwise, the assistant physician, steward, and matron. They should, as a board or by committee, visit and examine every part of the institution, at frequent stated intervals, not less than semi-monthly, and at such other times as they may deem expedient, and exercise so careful a supervision over the expenditures and general operations of the hospital, as to give to the community a proper degree of confidence in the correctness of its management.

4. The physician should be the superintendent and chief executive officer of the establishment. Besides being a well educated physician, he should possess the mental, physical, and social qualities, to fit him for the post. He should serve during good behavior, reside on, or very near the premises, and his compensation should be so liberal as to enable him to devote his whole time and energies to the welfare of the hospital. He should nominate to the board suitable persons to act as assistant physician, steward, and matron; he should have the entire control of the medical, moral, and dietetic treatment of the patients, the unreserved power of appointment and discharge of all persons engaged in their care, and should exercise a general supervision and direction of every department of the institution.

5. The assistant physician, or assistant physicians, where more than one are required, should be graduates of medicine, of such character and qualifications as to be able to represent and perform the ordinary duties of the physician during his absence.

6. The steward, under the direction of the superintending physician, and by his order, should make all purchases for the institution, keep the accounts, make engagements with, and pay and discharge those employed about the establishment; have a supervision of the farm, garden, and grounds, and perform such other duties as may be assigned him.

7. The matron, under the direction of the superintendent, should have a general supervision of the domestic arrangements of the house, and, under the same direction, do what she can to promote the comfort and restoration of the patients.

8. In institutions containing more than two hundred patients, a second assistant physician and apothecary should be employed, to the latter of whom, other duties, in the male wards, may be conveniently assigned.

9. If a chaplain is deemed desirable as a permanent officer, he should be selected by the superintendent, and like all others engaged in the care of the patients, should be entirely under his direction.

10. In every hospital for the insane, there should be one supervisor for each sex, exercising a general oversight of all the attendants and patients, and forming a medium of communication between them and the officers.

11. In no institution should the number of persons in immediate attendance on the patients be in a lower ratio than one attendant for every ten patients; and a much larger proportion of attendants will commonly be desirable.

12. The fullest authority should be given to the superintendent to take every precaution that can guard against fire or accident within an institution, and to secure this an efficient night watch should always be provided.

13. The situation and circumstances of different institutions may require a considerable number of persons to be employed in various other positions, but in every hospital, at least all those that have been referred to, are deemed not only desirable, but absolutely necessary, to give all the advantages that may be hoped for, from a liberal and enlightened treatment of the insane.

14. All persons employed in the care of the insane should be active, vigilant, cheerful, and in good health. They should be of a kind and benevolent disposition, be educated, and in all respects trustworthy, and their compensation should be sufficiently liberal to secure the services of individuals of this description.

PROVISION FOR ALL CLASSES OF THE INSANE.

At the meeting held at Philadelphia, May, 1851, the following resolution was adopted, viz. :—

Resolved, That it is the duty of the community to provide and suitably care for all classes of the insane, and that in order to secure their greatest good and highest welfare, it is indispensable that institutions for their exclusive care and treatment, having a resident medical superintendent, should be provided, and that it is improper, except from extreme necessity, as a temporary arrangement, to confine insane persons in county poorhouses or other institutions, with those afflicted with or treated for other diseases or confined for misdemeanors.

THE CARE OF THE CHRONIC AND OTHER INSANE.

At the meeting held in the city of Washington, April, 1866, the following propositions in regard to the chronic and other insane were adopted, viz. :—

1. Every State should make ample and suitable provision for all its insane.

2. Insane persons considered incurable, and those supposed curable, should not be provided for in separate establishments.

3. The large States should be divided into geographical districts of such size that a hospital situated at, or near, the centre of the district, will be practically accessible to all the people living within its boundaries, and available for their benefit in cases of mental disorder.

4. All State, County, and City Hospitals for the Insane, should receive all persons belonging to the vicinage designed to be accommodated by such hospital, who are affected with insanity proper, whatever may be the form, or nature of the bodily disease accompanying the mental disorder.

5. All hospitals for the insane should be constructed, organized, and managed, substantially in accordance with the propositions adopted by the Association in 1851 and 1852, and still in force.

6. The facilities for classification, or ward separation, possessed by each institution, should equal the requirements of the different conditions of the several classes received by such institutions, whether those different conditions are mental or physical in their character.

7. The enlargement of a city, county, or State institution for the insane which, in the extent and character of the district in which it is situated, is conveniently accessible to all the people of such district, may be properly carried, as required, to the extent of accommodating six hundred patients, embracing the usual proportion of curable and incurable insane in a particular community.

The seventh of this series is the only one not adopted unanimously.

LEGAL RELATIONS OF THE INSANE.

At the meeting held in Boston, June, 1868, the following PROJECT OF A LAW, regulating the legal relations of the insane, was adopted, and recommended to the earnest consideration of the proper authorities, viz.:—

PROJECT OF THE LAW.

The Association of Medical Superintendents of American Institutions for the Insane, believing that certain relations of the insane should be regulated by statutory enactments calculated to secure their rights and also the rights of those entrusted with their care, or connected with them by ties of relation or friendship, as well as to promote the ends of justice, and enforce the claims of an enlightened humanity, for this purpose recommend that the following legal provisions be adopted by every State whose existing laws do not already satisfactorily provide for these great ends.

1. Insane persons may be placed in a hospital for the insane by their legal guardians, or by their relatives or friends, in case they have no guardians; but never without the certificate of one or more reputable physicians, after a personal examination, made within one week of the date thereof; and this certificate to be duly acknowledged before some magistrate or judicial officer, who shall certify to the genuineness of the signature, and to the respectability of the signer.

2. Insane persons may be placed in a hospital, or other suitable place of detention, by order of a magistrate, who, after proper inquisition, shall find that such persons are at large, and dangerous to themselves or others, or require hospital care and treatment, while the fact of their insanity shall be certified by one or more reputable physicians, as specified in the preceding section.

3. Insane persons may be placed in a hospital, by order of any high judicial officer, after the following course of proceedings, viz.: on statement in writing, of any respectable person, that a certain person is insane, and that the welfare of himself, or of others, requires his restraint, it shall be the duty of the judge to appoint, immediately, a commission, who shall inquire into and report upon, the facts of the case. If, in their opinion, it is a suitable case for confinement, the judge shall issue his warrant for such disposition of the insane person as will secure the objects of the measure.

4. The commission provided for in the last section, shall be composed of not less than three nor more than four persons, one of whom, at least, shall be a physician, and another a lawyer. In their inquisition they shall hear such evidence as may be offered touching the merits of the case, as well as the statements of the party complained of, or of his counsel. The party shall have seasonable notice of the proceedings, and the judge is authorized to have him placed in suitable custody while the inquisition is pending.

5. On a written statement being addressed, by some respectable person, to any high judicial officer, that a certain

person, then confined in a hospital for the insane, is not insane, and is thus unjustly deprived of his liberty, the judge, at his discretion, shall appoint a commission of not less than three, nor more than four persons, one of whom, at least, shall be a physician, and another a lawyer, who shall hear such evidence as may be offered touching the merits of the case, and, without summoning the party to meet them, shall have a personal interview with him, so managed as to prevent him, if possible, from suspecting its objects. They shall report their proceedings to the judge, and if, in their opinion, the party is not insane, the judge shall issue an order for his discharge.

6. If the officers of any hospital shall wish for a judicial examination of a person in their charge, such examination shall be had in the manner provided in the fifth section.

7. The commission provided for in the fifth section shall not be repeated in regard to the same party oftener than once in six months; and in regard to those placed in a hospital under the third section, such commission shall not be appointed within the first six months of their residence therein.

8. Persons placed in a hospital under the first section of this act, may be removed therefrom by the party who placed them in it.

9. Persons placed in a hospital under the second section of this act, may be discharged by the authorities in whom the government of the hospital is vested.

10. All persons whose legal status is that of paupers, may be placed in a hospital for the insane by the municipal authorities who have charge of them, and may be removed by the same authority, the fact of insanity being established as in the first section.

11. On statement, in writing, to any high judicial officer, by some friend of the party, that a certain party, placed in a

hospital under the third section, is losing his bodily health, and that consequently his welfare would be promoted by his discharge; or that his mental disease has so far changed its character as to render his further confinement unnecessary, the judge shall make suitable inquisition into the merits of the case, and according to its result, may or may not order the discharge of the party.

12. Persons placed in any hospital for the insane, may be removed therefrom by parties who have become responsible for the payment of their expenses; provided that such obligation was the result of their own free act and accord, and not of the operation of law, and that its terms require the removal of the patient in order to avoid further responsibility.

13. Insane persons shall not be made responsible for criminal acts in a criminal suit, unless such acts shall be proved not to have been the result, directly or indirectly, of insanity.

14. Insane persons shall not be tried for any criminal act during the existence of their insanity; and for settling this issue, one of the judges of the court by which the party is to be tried shall appoint a commission, consisting of not less than three, nor more than five persons, all of whom shall be physicians, and one, at least, if possible, an expert in insanity, who shall examine the accused, hear the evidence that may be offered touching the case, and report their proceedings to the judge, with their opinions respecting his mental condition. If it be their opinion that he is not insane, he shall be brought to trial; but if they consider him insane, or are in doubt respecting his mental condition, the judge shall order him to be placed in some hospital for the insane, or some other place favorable for a scientific observation of his mental condition. The person to whose custody he may be committed, shall report to the judge respecting his mental condition, previous to the next term of court; and if such report is not satisfactory, the judge shall appoint a commission of inquiry, in the manner just mentioned, whose opinion

shall be followed by the same proceedings as in the first instance.

15. Whenever any person is acquitted, in a criminal suit, on the ground of insanity, the jury shall declare this fact in their verdict; and the court shall order the prisoner to be committed to some place of confinement, for safe keeping, or treatment, there to be retained until he may be discharged in the manner provided in the next section.

16. If any judge of the highest court having original jurisdiction shall be satisfied, by the evidence presented to him, that the prisoner has recovered, and that the paroxysm of insanity in which the criminal act was committed was the first and only one he had ever experienced, he may order his unconditional discharge; if, however, it shall appear that such paroxysm of insanity was preceded by at least one other, then the court may, in its discretion, appoint a guardian of his person, and to him commit the care of the prisoner, said guardian giving bonds for any damage his ward may commit: *Provided always*, That, in case of homicide, or attempted homicide, the prisoner shall not be discharged, unless by the unanimous consent of the superintendent and the managers of the hospital, and the court before which he was tried.

17. If it shall be made to appear to any judge of the supreme judicial court, or other high judicial officer, that a certain insane person is manifestly suffering from the want of proper care or treatment, he shall order such person to be placed in some hospital for the insane, at the expense of those who are legally bound to maintain them.

18. Application for the guardianship of an insane person shall be made to the judge of probate, or judge having similar jurisdiction, who, after a hearing of the parties, shall grant the measure, if satisfied that the person is insane, and incapable of managing his affairs discreetly. Seasonable notice shall be given to the person who is the object of the

measure, if at large, and if under restraint, to those having charge of him; but his presence in court, as well as the reading of the notice to him, may be dispensed with, if the court is satisfied that such reading, or personal attendance, would probably be detrimental to his mental or bodily health. The removal of the guardianship shall be subjected to the same mode of procedure as its appointment.

19. Insane persons shall be made responsible in a civil suit for any injury they may commit upon the person or property of others; reference being had in regard to the amount of damages, to the pecuniary means of both parties, to the provocation sustained by the defendant, and any other circumstance which, in a criminal suit, would furnish ground for mitigation of punishment.

20. The contracts of the insane shall not be valid, unless it can be shown, either that such acts were for articles of necessity or comfort, suitable to the means and condition of the party, or that the other party had no reason to suspect the existence of any mental impairment, and that the transaction exhibited no marks of unfair advantage.

21. A will may be invalidated on the ground of the testator's insanity, provided it be proved that he was incapable of understanding the nature and consequences of the transaction, or of appreciating the relative values of property, or of remembering and calling to mind all the heirs-at-law, or of resisting all attempts to substitute the will of others for his own. A will may also be invalidated on the ground of the testator's insanity, provided it be proved that he entertained delusions respecting any heirs-at-law calculated to produce unfriendly feeling towards them.

POLITICAL APPOINTMENTS.

At the meeting held in New York, May, 1848, the following preamble and resolution were adopted, viz. :—

Whereas, in the selection of medical superintendents to hospitals for the insane, it is important to choose men with the highest qualifications both as respects professional acquirements and moral endowments; therefore,

Resolved, That any attempt, in any part of this country, to select such officers through political bias, be deprecated by this Association as a dangerous departure from that sound rule which should govern every appointing power, of seeking the best men irrespective of every other consideration.

RESTRAINT.

At the meeting held in Philadelphia, October, 1844, it was—

Resolved, That it is the unanimous sense of this Convention that the attempt to abandon entirely the use of all means of personal restraint is not sanctioned by the true interests of the insane.

HEATING AND VENTILATION.

At the meeting held in New York, May, 1848, the following resolutions were adopted, viz. :—

Resolved, That it is the deliberate conviction of this Association that an abundance of pure air, at a proper temperature, is an essential element in the treatment of the sick, especially in hospitals, and whether for those afflicted with ordinary disease or for the insane, and that no expense that is required to effect this object thoroughly can be deemed either misplaced or injudicious.

Resolved, That the experiments recently made in various institutions, in this country and elsewhere, prove, to the satisfaction of the members of this Association, that the best means of supplying warmth in winter at present known to them, consists in passing fresh air from the external atmosphere over pipes or plates containing steam under low pressure or hot water, the temperature of which, at the boiler, does not exceed 212° F., and placed in large air chambers in the basement or cellar of the building to be heated.

Resolved, That a complete system of forced ventilation, connected with such a mode of heating, is indispensable in every institution devoted to these purposes, and where all possible benefits are sought to be derived from its arrangements.

RELIGIOUS SERVICES IN HOSPITALS FOR THE INSANE.

At the meeting held at Staunton, June, 1869, the following resolution was adopted, viz.:—

Resolved, That this Association hereby expresses its earnest conviction that religious services of some kind in our institutions for the insane are generally highly salutary to their inmates, and should be regularly held, and that the Association hereby reaffirms the ninth proposition of the series adopted in relation to the organization and management of hospitals for the insane in 1856, which is as follows, viz.:—

Prop. 9. If a chaplain is deemed desirable as a permanent officer, he should be selected by the superintendent, and like all others engaged in the care of the patients, should be entirely under his direction.

CARE OF INSANE CRIMINALS.

At the meeting held in Baltimore, May, 1873, the following resolutions were adopted, viz. :—

Resolved, 1. That neither the cells of penitentiaries and jails, nor the wards of ordinary hospitals for the insane are proper places for the custody and treatment of this class of the insane.

2. That when the number of this class in any State (or in any two or more adjoining States which will unite in the project) is sufficient to justify such a course, these cases should be placed in a hospital specially provided for the purpose; and that until this can be done, they should be treated in a hospital connected with some prison, and not in the wards or in separate buildings upon any part of the grounds of an ordinary hospital for the insane.

OVERCROWDING HOSPITALS FOR THE INSANE.

At the meeting held at Madison, May, 1872, the following resolutions were adopted, viz. :—

Resolved, That this Association regards the custom of admitting a greater number of patients than the buildings can properly accommodate, which is now becoming so common in hospitals for the insane, in nearly every section of the country, as an evil of great magnitude, productive of extraordinary dangers, subversive of the good order, perfect discipline and greatest usefulness of these institutions, and of the best interests of the insane.

Resolved, That this Association, having repeatedly affirmed its well-matured convictions of the humanity, expediency, and economy of every State making ample provision for all its insane, regards it as an important means of effecting this

object that these institutions should be kept in the highest state of efficiency, and the difference in condition of patients treated in them and those kept in almshouses, jails, or even private houses, be thus most clearly demonstrated.

Resolved, That while fully recognizing the great suffering and serious loss that must result to individuals by their exclusion from hospitals when laboring under an attack of insanity, this Association fully believes that the greatest good will result to the largest number, and at the earliest day, by the adoption of the course now indicated.

Resolved, That the boards of management of the different hospitals on this continent be urged, most earnestly, to adopt such measures as will effectually prevent more patients being admitted into their respective institutions, than, in the opinions of their superintendents, can be treated with the greatest efficiency, and without impairing the welfare of their fellow sufferers.

Resolved, That the Secretary be instructed to furnish a copy of these resolutions to the boards of management of the different hospitals for the insane in the United States and British Provinces.

DIDACTIC AND CLINICAL INSTRUCTION ON INSANITY.

At the meeting held at Toronto, June, 1871, the following resolutions were adopted, viz.:—

Resolved, That in view of the frequency of mental disorders among all classes and descriptions of people, and in recognition of the fact that the first care of nearly all these cases necessarily devolves upon physicians engaged in general practice, and this at a period when sound views of the disease and judicious modes of treatment are specially important, it is the unanimous opinion of this Association that in every school conferring medical degrees, there should be delivered,

by competent professors, a complete course of lectures on insanity and on medical jurisprudence, as connected with disorders of the mind.

Resolved, That these lectures should be delivered before all the students attending these schools, and that no one should be allowed to graduate without as thorough an examination on these subjects as on the other branches taught in the schools.

Resolved, That in connection with these lectures, whenever practicable, there should be clinical instruction, so arranged that, while giving the student practical illustrations of the different forms of insanity and the effects of treatment, it should in no way be detrimental to the patients.

RE-AFFIRMATION OF PROPOSITIONS AND RESOLUTIONS.

At the meeting held at Toronto, June, 1871, the following resolutions were adopted, viz.:—

Resolved, That this Association re-affirms, in the most emphatic manner, its former declarations in regard to the construction and organization of Hospitals for the Insane; and it would take the present occasion to add that, at no time since these declarations were originally made, has anything been said or done to change, in any respect, its frequently expressed and unequivocal convictions on the following points, derived, as they have been, from the patient, varied, and long-continued observations of its members:—

First, That a very large majority of those suffering from mental disease can nowhere else be as well or as successfully cared for, for the cure of their maladies, or be made as comfortable, if not curable, with equal protection to the patient and the community, as in well-arranged hospitals, specially provided for the treatment of the insane.

Second, That neither humanity, economy, nor expediency can make it desirable that the care of the recent and chronic insane should be in separate institutions.

Third, That these institutions, especially if provided at the public cost, should always be of a plain but substantial character; and, while characterized by good taste, and furnished with everything essential to the health and comfort and successful treatment of the patients, all extravagant embellishments and every unnecessary expenditure should be carefully avoided.

Fourth, That no expense that is required to provide just as many of these hospitals, as may be necessary to give the most enlightened care to all their insane, can properly be regarded as either unwise, inexpedient, or beyond the means of any one of the United States or British Provinces.

Also at Nashville at the meeting held May, 1874, as follows, viz.:—

Resolved, That we re-affirm former utterances of the Association, as fully expressive of our views as to the proper manner of conducting hospitals for the insane, and that we earnestly commend these utterances to the favorable consideration and regard of the managers of institutions throughout the country.

CARE OF INEBRIATES.

At the meeting held at Auburn, May, 1875, the following resolutions were adopted, viz.:—

Resolved, That in the opinion of the Association of Medical Superintendents of American Institutions for the Insane, it is the duty of each of the United States, and of each of the Provinces of the Dominion, to establish and maintain a State or public institution for the custody and treatment of inebriates, on substantially the same footing in respect to organization and support, as that upon which the generality of

State and Provincial institutions for the insane are organized and supported.

Resolved, That as, in the opinion of this Association, any system of management of institutions for inebriates under which the duration of the residence of their inmates and the character of the treatment to which they are subjected, is voluntary on their part, must in most cases prove entirely futile, if not worse than useless: There should be in every State and Province, such positive constitutional provisions and statutory enactments, as will in every case of presumed inebriety, secure a careful inquisition into the question of drunkenness and fitness for the restraint and treatment of an institution for inebriates, and such a manner and length of restraint as will render total abstinence from alcoholic or other hurtful stimulants during such treatment, absolutely certain, and present the best prospects of cure or reform, of which each case is susceptible.

Resolved, Further, that the treatment in institutions for the insane, of dipsomaniacs, or persons whose only obvious mental disorder is the excessive use of alcoholic or other stimulants, and the immediate effects of such excess, is exceedingly prejudicial to the welfare of those inmates for whose benefit such institutions are established and maintained, and should be discontinued just as soon as other separate provision can be made for the inebriates.

MANAGEMENT OF HOSPITALS FOR THE INSANE.

At the same meeting the following resolutions were adopted, viz.:—

Resolved, That the government of our hospitals, as at present constituted, whereby a physician supposed to be eminently qualified by his professional training and his traits of character, both moral and intellectual, is invested with the immediate control of the whole establishment, while a board of directors, trustees, or managers, as they

are differently called in different places—men of acknowledged integrity and intelligence—has the general supervision of its affairs, has been found by ample experience to furnish the best security against abuses, and the strongest incentives to constant effort and improvement.

Resolved, That any supernumerary functionaries, endowed with the privilege of scrutinizing the management of the hospital, even sitting in judgment on the conduct of attendants, and the complaints of patients, and controlling the management, directly by the exercise of superior power, or indirectly by stringent advice, can scarcely accomplish an amount of good sufficient to compensate for the harm that is sure to follow.

Resolved, That the duty of restoring the insane, and of procuring the highest possible degree of comfort for those beyond the reach of cure, implies a knowledge of their ways and manners, that can be obtained only by study and observation.

Resolved, That the work of conducting any particular individual through the mazes of disease into the light of unclouded reason, embracing, as it does, the drugs he is to take, the privileges he is to enjoy, the letters he is to write or to receive, and the company he may see, implies not only certain professional attainments, but a close and continuous observation of his conduct and conversation, neither of which qualifications can be expected from the class of functionaries above mentioned, though appointed for the express purpose of making suggestions and proffering advice.

Resolved, That one of the first things in the treatment of a patient, is to secure his confidence, to make him feel that he is in the hands of friends who will protect and care for him; and yet this purpose is completely frustrated when it is incessantly proclaimed to him from the walls of his apartment, that the people to whom he has been entrusted are

not trusted by others, and that any aid or comfort he may require must he sought from a power paramount to theirs.

Resolved, That valuable information may be obtained from the letters of patients respecting their mental movements, as many will communicate their thoughts in this manner more unreservedly than in their conversation, which advantage is lost when their letters are forwarded unopened.

Resolved, That inasmuch as the letters of the insane, especially of women, often contain matter, the very thought of which, after recovery, would overwhelm them with mortification and dismay, any law which compels the sending of such letters is clearly an outrage on common decency and common humanity.

Resolved, That the fact so much asserted at the present day, and offered as the main reason for the legislation in question, viz.: that "sane persons are often falsely imprisoned on the pretence of insanity," is not true, and that we believe that if ever, it is extremely rare, that a single case of wrongful confinement in any hospital in this country has taken place.

Resolved, That should such cases occur, it would require more knowledge and experience to detect and expose their true character, than any but the officers of the hospital would be likely to possess.

Resolved, That the project of a law for regulating the relations of the insane, adopted by the unanimous vote of the Association, in 1868, prescribes such safeguards against abuses of every kind, as are best fitted to secure that object with the least possible amount of inconvenience to parties *not* immediately concerned.

Resolved, That the practice now rather common even among those who write or lecture on the subject, for the instruction of the public, of designating as "Private

Asylums" the corporate hospitals of the country, such as the McLean Asylum at Somerville, the Butler Hospital at Providence, the Retreat for the Insane at Hartford, the Bloomingdale Asylum in New York, and the Pennsylvania Hospital in Philadelphia, is calculated to mislead the public mind respecting the true character of such establishments. Founded, as they are, on the gifts and bequests of benevolent persons; conducted by officers paid a fixed salary, and directors or managers with no compensation at all, and watched by a system of visitations, unequalled in frequency and thoroughness by that of any public hospital, they are, in no sense of the term, "Private Asylums."

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